

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



February 1, 1995

ALL COUNTY INFORMATION NOTICE
I-06-95

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☒ Federal Law Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED VERSIONS OF NA 960Y AND NA 960X, NOTICES OF ACTION FOR AFDC, FOOD STAMPS AND MEDI-CAL

REFERENCE: FOOD STAMP MANUAL LETTER 94-02; ALL COUNTY LETTER 94-29; ALL COUNTY LETTER 94-44; ALL COUNTY INFORMATION NOTICE I-14-94.

This notice transmits copies of the revised NA 960Y (12/94) and NA 960X (12/94), Notices of Action. This revision includes required language for the Food Stamp Program and revisions necessitated by Child Care Programs.

FOOD STAMPS

When Food Stamp Manual Letter 94-02 transmitted the Food Stamp Form Regulations Package changes addressed in All County Letter 94-29, the specific requirements for notices of action used for an incomplete and/or late Monthly Eligibility Report, CA7/SAWS7, were cited in section 63-504.26. The revision of the NA 960Y and NA 960X now includes all specific requirements for Food Stamp purposes. The revisions are the addition of a statement regarding the reporting of Social Security numbers for new household members that have not been previously reported to the County Welfare Department (CWD) and the statement that the CWD will assist the recipient in the completion of the CA7, if he/she needs assistance.

CHILD CARE PROGRAMS

Supplemental Child Care (SCC) program changes required the removal of language stating that the client would not get a SCC payment because the county did not receive complete earnings information. In addition, no reference was made in the penalty section to the California Alternative Assistance Program (CAAP) in the previous version of the NA 960Y, even though it was addressed in the text of the notice. The CAAP reference has been inserted in the bold print under the penalty section.

STOCK

The California Department of Social Services (CDSS) warehouse will no longer stock the 4/94 version of these notices of action and all old stock will be destroyed. Counties should also destroy any supplies of 4/94 stock and begin using the 12/94 version when the forms are available from the warehouse. CWDs may order stock from the warehouse according to the normal procedures contained in the County Forms Catalog.

NOTE:

The NA 960Y and NA 960X are required forms. CWDs that print their own stock may obtain camera-ready copies of these forms in English and Spanish by contacting the CDSS Forms Management Unit at (916) 657-1907 or CALNET 437-1907.

TRANSLATIONS

Camera-ready copies of the translated forms in Laotian, Cambodian, Vietnamese, and Chinese will be transmitted to the County Forms Coordinator by the Language Services Bureau under separate cover. If you have any questions regarding these translations, please contact Lang Doan of the Language Services Bureau at (916) 654-1282.

If you have any questions regarding the Food Stamp changes to the NA 960Y or NA 960X, please contact Melissa Buchanan of the Food Stamp Program Bureau at (916) 654-8467. For questions about the Child Care Program changes, please contact Jan DeSilva of the Child Care Programs Section of the Employment Programs Bureau at (916) 654-1768.



MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachments

c: CWDA

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your:

- ☐ Cash Aid
- ☐ Food Stamps
- ☐ California Alternative Assistance Program (CAAP)

Here's why:

As of the 11th of this month, the county has not received your monthly report (CA 7 or SAWS 7) due this month.

TO STOP THIS ACTION, the County must **RECEIVE** your **COMPLETE** report no later than the **FIRST WORKING DAY OF NEXT MONTH**.

If you give us your complete report, and if you have earnings, see the next column about a penalty that may apply.

Food Stamps Only:

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

If you need help in completing the monthly report, the County will help you to do so. Please contact the County and ask for help.

Penalty - Applies Only to Cash Aid or CAAP Families Who Give Us Earnings Information After the 11th.

If this action is stopped (see the first column), the following penalty will apply when aid is figured:

Because we didn't get complete earnings information from you by the 11th of this month, next month's aid will be figured **WITHOUT ANY EARNED INCOME DISREGARDS**. This means that next month:

- Your cash aid may go down or stop.
- Your CAAP payments may stop.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 40-181.22, 44-113.2; Food Stamps: 63-504.27, 63-504.3; SCC: 44-503.12; CAAP: 89-730.3, 89-730.4.

YOU CAN STOP THIS PENALTY if you had a **GOOD REASON** for reporting your **EARNINGS** after the 11th. Tell your worker the reason.

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. **For all other child care programs, your benefits will NOT stay the same until your hearing.**
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Child Care
☐ Other (list) _____

Here's why: _____

☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

☐ I need a free interpreter.

My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
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(ADDRESSEE)

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As of _____, the County is stopping your:

- ☐ Cash Aid
- ☐ Food Stamps
- ☐ California Alternative Assistance Program (CAAP)

Here's why:

The monthly report (CA 7 or SAWS 7) that we got from you this month is not complete.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report by the FIRST WORKING DAY OF NEXT MONTH. You must send or bring in the following information:

- ☐ Complete the circled items on the enclosed report, and send or bring it to your worker.
- ☐ Send or bring to your worker the following:

If you give us this information, and if you have earnings, see the next column about a penalty that may apply.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 40-181.22, 40-181.24, 44-113.2; Food Stamps: 63-504.27, 63-504.3; SCC: 44-503.12; CAAP: 89-730.3, 89-730.4.

☐ Food Stamps – Additional Information Needed

In addition, you must give the county the following information so the amount of your food stamps can be figured. You must get this information to the county by the first working day of next month. If you were asked for proof of an expense and you do not give it, the expense will not be allowed. Also, if you do not give the County other information asked for, your food stamps may be decreased or stopped.

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

If you need help in completing the monthly report, the County will help you to do so. Please contact the County and ask for help.

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NAME _____

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